

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective October 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania CHIP health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**

Fax: 866-968-7582. The fax form is available at **Prior Authorization Forms**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization required	For specific codes requiring prior authorization, please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
BRCA genetic testing	Prior authorization required	81162	81212	81216	81432
Breast reconstruction (non-mastectomy)	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast except when following Mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Antiemetics</u> Fosaprepitant, 1 mg (Emend for Injection) J1453 Fosaprepitant (Teva) J1456 Fosnetupitant 235 mg and palonosetron 0.25 mg J1454 Granisetron, extended-release J1627 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon®) J1449 Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*			
	*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cancer supportive care (cont.)		Pegfilgrastim-bmez (Ziextenzo®) Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*			
		Pegfilgrastim-jmdb (Fulphila™) Q5108*			
		Sargramostim (Leukine®) J2820			
		Tbo-filgrastim (Granix®) J1447*			
		Trilaciclib (Cosela®) J1448*			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Xgeva®) J0897			
		<u>Erythropoiesis-Stimulating Agents</u> J0885			
		Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888 397 8129 .			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com . Or, you can call 866-889-8054 . For more details and the list of CPT codes requiring prior authorization, please see Cardiology Prior Authorization and Notification .			
Cardiovascular	Prior authorization required for the codes	37220* 37226*	37221* 37227*	37224* 37228*	37225* 37229*

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)	listed.	37230*	37231*	93580	
		* Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
Chemotherapy	Prior authorization required for injectable	Injectable chemotherapy drugs that require prior authorization:			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Chemotherapy (cont.)	chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 15820 15830 15879* 17999 21172 21181 21230 21280 21742	14020** 15821 15847 17106 21137 21175 21182 21235 21282 21743	14021** 15822 15877 17107 21138 21179 21183 21256 21295 28344	14061** 15823 15878* 17108 21139 21180 21184 21275 21740 30620
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67900 67904 67911 67916 67923 67966	67901 67906 67912 67917 67924 Q2026	67902 67908 67914 67921 67950	67903 67909 67915 67922 67961

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		*Gender Dysphoria may apply			
		**Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
	Prosthetics are not DME – See orthotics and prosthetics	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services In-home nutritional therapy, either enteral or through a	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
gastrostomy tube		B4158 B9002	B4159 B9998	B4160	B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15824	15825	15826
		15828	15829	15832	15833
		15834	15835	15836	15837
		15838	15839	15876	17380
		19303	21083	21087	21120
		21122	21173	21270	21899
		31599	31750	31899	45399
		45999	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	58999
		64856	64892	64896	69300
		90785	96372		
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81163	81164	81228	81229
		81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81431	81435

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing (cont.)	Home care professional requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the	81437 81448 81518 81522 87505 0022U 0047U 0060U 0101U 0114U 0170U	81439 81460 81519 81546 87506 0023U 0048U 0087U 0102U 0118U 0171U	81440 81465 81520 81595 87507 0026U 0050U 0088U 0103U 0129U 0179U	81445 81479 81521 81599 0018U 0037U 0055U 0094U 0111U 0154U 0209U
	Genetic and molecular testing prior authorization/notification on program for each specified genetic test.	0211U 0215U 0233U 0242U 0258U	0212U 0216U 0237U 0244U 0262U	0213U 0217U 0238U 0245U 0265U	0214U 0218U 0239U 0250U 0268U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	0269U 0273U 0278U 0288U 0292U 0307U 0326U 0378U 0391U 0417U 0444U 0473U 81425 81443 81455 81462 81523 S3854	0270U 0274U 0282U 0289U 0293U 0318U 0334U 0379U 0395U 0425U 0449U 0474U 81426 81449 81457 81463 81541 S3865	0271U 0276U 0285U 0290U 0294U 0319U 0355U 0388U 0398U 0426U 0465U 0475U 81427 81450 81458 81464 81542 S3870	0272U 0277U 0286U 0291U 0306U 0320U 0364U 0389U 0409U 0437U 0471U 81349 81441 81451 81459 81471 81552
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Hysterectomy (cont.)		58573
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar® J0801 Adakveo® J0791 Advate, Kogenate FS, Reombinate J7192 Adynovate J7207 Adzynma J7171 Afstyla J7210 Aldurazyme® J1931 Alhemo J7173 Alphanate J7186 AlphaNine SD, Mononine J7193 Alprolix J7201 Altuviio J7214 Amondys 45 J1426 Amvuttra™ J0225 Aralast® NP, Prolastin-C®, Zemaira® J0256 Aranesp J0881 Arcalyst J2793 Aveed J3145 Avsola™ Q5121 Azmiro

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J1072				
	Benefix, Ixinity				
	J7195				
	Benlysta				
	J0490				
	Beovu				
	J0179				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bkemv				
	Q5152				
	Boniva (ibandronate)				
	J1740				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Briumvi®				
	J2329				
	Byooviz				
	Q5124				
	Cerezyme®				
	J1786				
	Chlorpromazine				
	J3230				
	Cimerli				
	Q5128				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Cinvanti				
	J0185				
	Coagadex				
	J7175				
	Corifact				
	J7180				
	Cortrophin® Gel				
	J0802				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Cosentyx IV
		J3247
		Crysvita®
		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Depo-Testosterone (testosterone cypionate)
		J1071
		Durolane
		J7318
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elevidys
		J1413
		Elfabrio®
		J2508
		Encelto
		J3403
		Eloctate
		J7205
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epogen, Procrit
		J0885
		Epysqli
		Q5151
		Esperoct
		J7204
		Euflexxa
		J7323
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feiba NF
		J7198
		Fensolvi®
		J1951
		Feraheme®
		Q0138
		Fibryga
		J7177
		Firmagon®
		J9155
		Fluphenazine
		J2679
		Fylnetra
		Q5130
		Gamifant®
		J9210
		Gelsyn-3
		J7328
		Geodon (ziprasidone mesylate)
		J3486
		Givlaari®
		J0223
		Glassia
		J0257
		Haloperidol Decanoate
		J1631
		Hemgenix
		J1411
		Hemlibra
		J7170
		Hemophilia clotting factor, not otherwise classified
		J7199
		Humate-P
		J7187
		Hypavzi
		J7172

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Idelvion				
	J7202				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Imuldosa IV				
	Q5098				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Ixinity				
	J7213				
	Izervay				
	J2782				
	Jivi				
	J7208				
	Jubbonti-Wyost				
	Q5136				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Kisunla				
	J0175				
	Koate, Hemofil M				
	J7190				
	Kovaltry				
	J7211				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lamzede				
	J0217				
	Lanreotide				
	J1932				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Lemtrada®
		J0202
		Leqembi®
		J0174
		Leqvio®
		J1306
		Lucentis
		J2778
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot, Eligard®
		J9217
		Lutrate Depot
		J1954
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Miacalcin (calcitonin)
		J0630
		Mircera
		J0888
		Monoferric®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Niktimvo
		J9038
		Novoeight
		J7182
		NovoSeven RT
		J7189
		Nplate®
		J2802
		Nucala®
		J2182
		Nulibry
		J1809
		Nuwiq

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J7209
		Nypozi
		Q5148
		Obizur
		J7188
		Ocrevus™
		J2350
		Ocrevus Zunuvo
		J2351
		Octreotide Acetate
		J2354
		OmvoH IV
		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Otufi IV
		Q9999
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		Pavblu
		Q5147
		Phenergan (promethazine)
		J2550
		PiaSky
		J1307
		Pombiliti
		J1203
		Profilnine
		J7194
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody®
		J1304
		Qfitlia
		J7174

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Radicava® J1301 Rebinyn J7203 Reblozyl® J0896 Reclast, Zoledronic Acid J3489 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Retacrit Q5106 Riabni™ Q5123 RiaSTAP J7178 Rituxan® J9312 Rituxan Hycela® J9311 Rixubis J7200 Roctavian J1412 Rolvedon J1449 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo J9333 Sandostatin® LAR J2353 Saphnelo® J0491 Scenesse®

Procedures and services	Additional information		CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J7352				
	Selarsdi				
	Q9998				
	SevenFACT				
	J7212				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1299				
	Somatuline® Depot				
	J1930				
	Spevigo				
	J1747				
	Spinraza™				
	J2326				
	Spravato®				
	S0013				
	Stelara				
	J3358				
	Steqeyma IV				
	Q5099				
	Stimufend				
	Q5127				
	Sublocade™				
	Q9991	Q9992			
	Sunlenca				
	J1961				
	Supprelin® LA				
	J9226				
	Susvimo				
	J2779				
	Syfovre™				
	J2781				
	Synagis®				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		90378
		Tepezza®
		J3241
		Testopel
		S0189
		Testosterone Enanthate
		J3121
		Tezspire™
		J2356
		Therapeutic Radiopharmaceuticals
		A9607
		Tigan
		J3250
		Tofidence
		Q5133
		Trelstar®
		J3315
		Tremfya IV
		J1628
		Tretten
		J7181
		Triptodur®
		J3316
		Trogarzo™
		J1746
		Truxima®
		Q5115
		Tyenne
		Q5135
		Tzield™
		J9381
		Tysabri®
		J2323
		Ultomiris™
		J1303
		Unclassified codes**
		C9399 J3490 J3590
		Uplizna®
		J1823
		Uzedy
		J2799
		Vabysmo
		J2777

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Veopoz				
	J9376				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	Visudyne				
	J3396				
	Vonvendi				
	J7179				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				
	Vyjuvek™				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	Wezlana IV				
	Q5138				
	White blood cell colony stimulating factors***				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Wilate				
	J7183				
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Xyntha				
	J7185				
	Yesintek IV				
	Q5100				
	Zinplava				
	J0565				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Zoladex® J9202 Zolgensma® J3399 Zyprexa J2359 * For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 888 397 8129. ** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Rivfloza and Revcovi Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.			
Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: - Acute care hospitals - Acute inpatient rehabilitation - Critical access hospitals - Long-term acute care hospitals - Skilled nursing facilities			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of	Prior authorization required	21121 21141 21146	21123 21142 21147	21125 21143 21150	21127 21145 21151

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
maxillofacial/jaw functional impairment		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call 866-889-8054. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC.	Auditory System 69205 Cardiovascular System 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) - outpatient hospital (cont.)		45378	45380	45384	45385
	Cosmetic and reconstructive				
		13101	13132	14040	14060
		14301	21552	21931	
	Digestive System				
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
	Ear, nose and throat (ENT) procedures				
		21320	30140	30520	69436
		69631			
	Eye and Ocular Adnexa				
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
	Female Genital System				
		57240	57250	57461	57520
		58561	58562		
	Gynecologic procedures				
		57522	58353	58558	58563
		58565			
	Hemic and Lymphatic System				
		38500	38510	38525	
	Hernia repair				
		49505	49650	49651	
	Integumentary System				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver biopsy				
		47000			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)	Male Genital System				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal System				
	20552 20553 21012 21013				
	21336 21554 21555 21556				
	21930 22902 22903 23071				
	23075 24071 27327 27337				
	27632 28035 28039 28041				
	28060 28080 28090 28104				
	28110 28118 28119 28124				
	28285 28289 28292 28296				
	28297 28298 28299 29806				
	29807 29819 29822 29823				
	29824 29825 29826 29827				
	29828 29835 29840 29845				
	29846 29848 29861 29875				
	29876 29877 29879 29880				
	29881 29882 29888 29893				
	G0260				
	Nervous System				
	64561 64640				
	Ophthalmologic				
	65426 65730 65855 66170				
	66761 67028 67036 67040				
	67228 67311 67312				
	Respiratory System				
	30802 30930 31525 31535				
	31536 31541 31624				
	Tonsillectomy and adenoidectomy				
	42820 42821 42825 42826				
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235 43239 43249				
	Urinary System				
	52276 52287 52320 52344				
	Urologic procedures				
	50590 52000 52005 52204				
	52224 52234 52235 52260				
	52281 52310 52332 52351				
	52352 52353 52356 54161				
	55040 55700 57288				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308
		*SOS also applies			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Stimulators (cont.)		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		CAR T-Cell Therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		Gene Therapy			
		C9399**	J3391	J3392	J3393
		J3394	J3490**	J3590**	J3402
		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Skysona and Zevaskyn will require prior authorization through Optum Transplant.			
Vein procedures	Prior authorization	36468	36473	36475	36478

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	required	37700 37766	37718 37780	37722	37765
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			